

Jim Doyle
Governor

Roberta Gassman
Secretary

Frances Huntley-Cooper
Division Administrator



State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION
201 East Washington Avenue
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Imaging Server Fax: (608) 260-2503
Fax: (608) 267-0394
<http://www.dwd.state.wi.us/wc/>
e-mail: dwddwc@dwd.state.wi.us

November 27, 2002

TEST INSURER 1
C/O TEST INSURER 1
ONE MAIN ST
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/98
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

This is a request for an overdue final supplemental report, WKC-13, for this claim. In accordance with DWD 80.02(2) (e) 4, the final supplemental report was due within 30 days of the date of final payment on this claim. Please submit a WKC-13 showing all dates of disability, the amounts paid for each period and the date of final payment.

The Department also assesses you a \$100 forfeiture, pursuant to s.102.35(1), Wis. Stats., for failing to file this required report timely. The forfeiture is payable to the State of Wisconsin. **Please do not pay now.** The Department will record the forfeiture and will invoice you annually for the total amount due. You may request a rescind of the forfeiture by completing the section on the reverse side of this letter and sending it to the above address.

Failure to respond to this request within 30 days may result in further sanctions by the Worker's Compensation Division under ss. 102.28(2)(c) or 102.31(3), Wis. Stats., or by the Office of the Commissioner of Insurance, under s. 601.64 Wis. Stats., or both.

To find out what other reports are overdue and avoid forfeitures in the future, go to the Worker's Compensation web site's Insurer's Pending Reports at:
http://www.dwd.state.wi.us/wc/insurance/pending_rpts.htm

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WKC-86A (R. 11/2002) FWC86A

Check one:

.....

I request that the forfeiture be rescinded because:

_____ The information was submitted on time (copy enclosed).

_____ The rule does not apply in this case because (explain):

.....

_____ I do not request the forfeiture to be rescinded. The required information is enclosed.

Print Name: _____

Signature: _____ Date: _____